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## BIB DATA SHEET

CONFIRMATION NO. 1009

<b>SERIAL NUMBER</b> 10/602,190	<b>FILING or 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 222992		
<b>APPLICANTS</b> Maria Elena Garcia Armenta, Zapopan, MEXICO; Victor Guillermo Alvarez Ochoa, Zapopan, MEXICO; Josefina Santos Murillo, Zapopan, MEXICO; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> MEXICO PA/A/2002/010828 11/04/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 09/08/2003						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>St. [Signature]</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MEXICO	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> LEYDIG VOIT & MAYER, LTD TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE CHICAGO, IL 60601-6731 UNITED STATES						
<b>TITLE</b> Pharmaceutical composition in capsules that comprises a non-steroidal antiinflammatory and an opiate analgesic for handling pain						
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			